

## UNEMPLOYMENT BENEFITS VERIFICATION

DATE: \_\_\_\_\_ RE: \_\_\_\_\_

TO: \_\_\_\_\_

Claim No. \_\_\_\_\_

The above individual has indicated he/she is receiving benefits from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Signed \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize the above named Management Agent to make inquiries regarding my household income for the purpose of determining my eligibility for occupancy.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Weekly Payment to Client \$ \_\_\_\_\_

Beginning date of Payment \_\_\_\_\_ Ending Date (if known) \_\_\_\_\_

Is this client entitled to an extension of benefits? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Remarks \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

PLEASE RETURN TO: